

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nova Luna, Inc.	CHAPTER 98
Address: 470 Lilihua Place, Wailuku, Hawaii 96793	Inspection Date: December 6, 2019 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA